



City of Burbank
Community Development Department – Building Division
150 North Third Street / 818-238-5280 / www.burbankca.gov

Mail and Make Checks Payable to:
City of Burbank
Building Division
P.O. Box 6459
Burbank, CA 91510-6459

BUSINESS APPLICATION

PLEASE PRINT ALL INFORMATION

Reason for Application

- | | | |
|--|---|--|
| <input type="checkbox"/> New Business | <input type="checkbox"/> Business Name Change | <input type="checkbox"/> Change in Type of Business |
| <input type="checkbox"/> Business Moving to New Location | <input type="checkbox"/> Add or Drop Business Partner | <input type="checkbox"/> Change in Type of Ownership |

Date of Application:

Business Name:

Business Address:
(Include City/State/Zip)

Mailing Address (if different):

Corporate Name:

Business Phone: ()

Email / Web Address:

Business FAX: ()

Contact Person Name:

Contact Person Phone: ()

Detailed Description of Business (attach additional sheets if needed)

Approx. Starting Date of
Business in Burbank:

Type of Ownership: ☐ Corporation ☐ LLC ☐ Partnership ☐ Sole Ownership ☐ Trust ☐ Other: _____

Social Security or Federal ID Number:

Owners, Partners or Corporate Officers (attach additional sheets if needed)

Name:

Title:

Home Address:

Phone: ()

Driver License No.:

Email:

Name:

Title:

Home Address:

Phone: ()

Driver License No.:

Email:

I hereby certify that the information furnished in this application and the attached materials are true and correct to the best of my knowledge and belief. I understand that I may be required to submit additional information related to the proposed business before a decision can be made. I understand that this application is not proof of final approval of a license, permit, or tax certificate. This is only an application.

Applicant's Printed Name _____ **Title** _____

Applicant Signature _____ **Date** _____

Office Use Only

LICENSE FEE	\$ _____	DATE PAID	_____	BASIC TAX	\$ _____
PRO-RATE	\$ _____	CLASS CODE	_____	EMPLOYEE RATE FEE	
PERMIT FEE	\$ _____	BUSINESS ACCT NO.	_____	_____ X \$ _____ =	\$ _____
APPLICATION FEE	\$ _____	ZONE	_____	TOTAL TAX	\$ _____
ADJUSTMENT AMT	\$ _____	NO. OF PERSONS/DOGS/VEHICLES	_____	PRO-RATE	\$ _____
CSA FEE	\$ _____	LICENSE ISSUED DATE	_____	REG / TRANSFER FEE	\$ _____
TOTAL DUE	\$ _____			ADJUSTMENT AMOUNT	\$ _____
				CSA FEE	\$ _____
				TOTAL DUE	\$ _____

<u>APPROVALS</u>	DATE	APPROVED		BY	DATE
		YES	NO		
TO PLANNING		<input type="checkbox"/>	<input type="checkbox"/>		
TO FIRE		<input type="checkbox"/>	<input type="checkbox"/>		
TO POLICE		<input type="checkbox"/>	<input type="checkbox"/>		
TO HEALTH		<input type="checkbox"/>	<input type="checkbox"/>		
TO BUILDING		<input type="checkbox"/>	<input type="checkbox"/>		
LICENSE / CERTIFICATE ISSUED					

Notes and Comments